



COMMONWEALTH OF KENTUCKY
Public Protection Cabinet
Department of Housing, Buildings and Construction
DIVISION OF HVAC
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
(502) 573-0395 Fax (502) 573-1401



APPRENTICE HVAC REGISTRATION FORM

Please type or print form. All questions must be answered on both sides of this registration form

1. Name: _____
Last First MI

Address: _____
(Street, Route, or Box Number)

City: _____ State: _____ Zip: _____

County: _____ Telephone # (_____) _____ - _____

Date of Birth: ____ / ____ / ____ Social Security #: _____ - _____ - _____

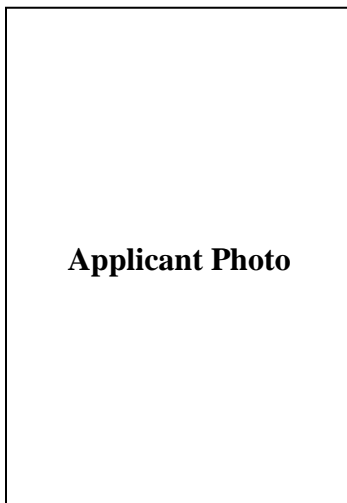
2. Employer Name: _____

Address: _____
(Street, Route, or Box Number)

City: _____ State: _____ Zip: _____

County: _____ Telephone #: (_____) _____ - _____

3. Attached recent signed color photograph below:



Applicant Photo

Signature of HVAC Contractor _____

Master HVAC Contractor license # _____

For Office Use Only

Master # _____

Master Status _____

Master Address _____

J Status _____



HVAC 3 (07-08)

4. Record of any HVAC trade school experience (add attachments, if necessary)

<u>School</u>	<u>From</u>	<u>To</u>	<u>School Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Record of work experience (add attachments, if necessary)

<u>Contractor</u>	<u>From</u>	<u>To</u>	<u>Phone Number</u>	<u>Work Hours</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Hours: _____

_____ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Apprentice HVAC Registration at this time.

The Board may revoke, suspend, place on probation, or restrict the license or certificate of any licensee or certificate holder pursuant to KRS 198B.672.

Applicant Signature: _____

Remarks: _____
